2501. FEDERAL MEDICAL ASSISTANCE PERCENTAGES (FMAP) - STATE-BY-STATE TABLES

This section provides the FMAP for determining the amount of Federal matching in State medical expenditures. The table gives figures for the 50 States, the District of Columbia, Guam, Northern Mariana Islands, Puerto Rico, American Samoa, and the Virgin Islands. The percentages apply to State expenditures for assistance payments and medical services. The statute provides separately for Federal matching of administrative costs.

Section 9528 of Public Law 99-272 revised §1101(a)(8) of the Act and requires HCFA to publish these percentages annually, and to figure them, by formulas set forth in 1905(b) of the Act, from the Department of Commerce statistics of average income per person in each State and in the Nation as a whole. The FMAP is computed by the Office of Family Assistance, Family Support Administration.

The FMAP is for the Medicaid program. States may claim at the FMAP without regard to any maximum on the dollar amounts per recipient which may be counted under paragraphs (1) and (2) of §§3(a), 403(a), and 1603(a) of the Act.

FMAP rates for all States and other approved participants in the Medicaid program are shown for the following fiscal year periods:

October 1, 1988 - September 30, 1989 (Fiscal Year 1989)
October 1, 1989 - September 30, 1990 (Fiscal Year 1990)
October 1, 1990 - September 30, 1991 (Fiscal Year 1991)
October 1, 1991 - September 30, 1992 (Fiscal Year 1992)

FEDERAL MEDICAL ASSISTANCE PERCENTAGES

	FY 1989 FMAP	FY 1990 FMAP	FY 1991 FMAP	FY 1992 FMAP
ALABAMA	73.10	73.21	72.73	72.93
ALASKA	50.00	50.00	50.00	50.00
AMERICAN SAMOA	50.00	50.00*	50.00*	50.00*
ARIZONA	62.04	60.99	61.72	62.51
ARKANSAS	74.14	74.58	75.12	75.66
CALIFORNIA	50.00	50.00	50.00	50.00
COLORADO	50.00	52.11	53.59	54.79
CONNECTICUT	50.00	50.00	50.00	50.00
DELAWARE	52.60	50.00	50.00	50.00
DISTRICT OF COLUMBIA	50.00	50.00	50.00	50.12
FLORIDA	55.18	54.70	54.46	54.69
GEORGIA	62.78	62.09	61.34	61.78
GUAM	50.00*	50.00*	50.00*	50.00*
HAWAII	53.99	54.50	54.14	52.57
IDAHO	72.71	73.32	73.65	73.24
ILLINOIS	50.00	50.00	50.00	50.00
INDIANA	63.71	63.76	63.24	63.85
IOWA	62.95	62.52	63.41	65.04
KANSAS	54.93	56.07	57.35	59.23
KENTUCKY	72.89	72.95	72.96	72.82
LOUISIANA	71.07	73.12	74.48	75.44
MAINE	66.68	65.20	63.49	62.40
MARYLAND	50.00	50.00	50.00	50.00
MASSACHUSETTS DPW	50.00	50.00	50.00	50.00
MASSACHUSETTS BLIND	50.00 50.00	50.00	50.00	
MICHIGAN	54.75	54.54	54.17	55.41
MINNESOTA	53.07	52.74	53.43	54.43
MISSISSIPPI	79.80	80.18	79.93	79.99
MISSOURI	59.96	59.18	59.82	60.84
MONTANA	70.62	71.35	71.73	71.70
NEBRASKA	60.37	61.12	62.71	64.50
NEVADA	50.00	50.00	50.00	50.00
NEW HAMPSHIRE	50.00	50.00	50.00	50.00
NEW JERSEY	50.00	50.00	50.00	50.00
NEW MEXICO	71.54	72.25	73.38	74.33

FEDERAL MEDICAL ASSISTANCE PERCENTAGES

	FY 1989 FMAP	FY 1990 FMAP	FY 1991 FMAP	FY 1992 FMAP	
NEW YORK	50.00	50.00	50.00	50.00	
NORTH CAROLINA	68.01	67.46	66.60	66.52	
NORTH DAKOTA	66.53	67.52	70.00	72.75	
N. MARIANA ISLANDS	50.00*	50.00*	50.00*	50.00	
OHIO	58.98	59.57	59.93	60.63	
OKLAHOMA	66.06	68.29	69.65	70.74	
OREGON	62.44	62.95	63.50	63.55	
PENNSYLVANIA	57.42	56.86	56.64	56.84	
PUERTO RICO	50.00*	50.00*	50.00*	50.00*	
RHODE ISLAND		55.88	55.15	53.74	53.29
SOUTH CAROLINA	73.08	73.07	72.58	72.66	
SOUTH DAKOTA	71.02	70.90	71.69	72.59	
TENNESSEE	70.17	69.64	68.57	68.41	
TEXAS	59.04	61.23	63.53	64.18	
UTAH	73.86	74.70	74.89	75.11	
VERMONT	63.92	62.77	61.97	61.37	
VIRGINIA	51.20	50.00	50.00	50.00	
VIRGIN ISLANDS	50.00*	50.00*	50.00*	50.00*	
WASHINGTON	53.06	53.88	54.21	54.98	
WEST VIRGINIA	76.14	76.61	77.00	77.68	
WISCONSIN	59.31	59.28	59.62	60.38	
WYOMING	62.61	65.95	68.14	69.10	

*FOR PURPOSES OF §1118 OF THE ACT, THE PERCENTAGE USED UNDER TITLES I, X, XIV, AND XVI AND PART A OF TITLE IV IS 75 PERCENT.

2502. INTEREST ON DISPUTED MEDICAID CLAIMS

In any case in which a State's claim for Federal financial participation (FFP) has been disallowed by the Health Care Financing Administration (HCFA) under Section 1116(d) of the Social Security Act (the Act), the State may appeal the disallowance to the Departmental Grant Appeals Board (the Board). If the State does appeal, it may choose to retain the funds in dispute during the course of the appeal or it may choose to have HCFA recover the disputed funds until the Board reaches a decision. (The State's option applies only to claims disallowed for services furnished on or after October 1, 1980.) If the State chooses to retain the funds and the Board upholds the disallowance, the State will have the amount of the disallowance and interest charge offset by a revised grant award. HCFA will process a negative grant award within 10 days of receiving notice from the Board.

2502.1 Authority.--Section 1903(d)(5) of the Act was self-implementing as enacted by Section 961 of the Omnibus Reconciliation Act of 1980 (Public Law 96-499). The law, as enacted, provided for a limitation on the length of the period interest could be charged. However, this limitation was deleted by Section 2163 of the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35).

42 CFR 443.38, published at 48 Federal Register 29480 (June 27, 1983), provided clarifying procedures effective July 27, 1983.

2502.2 Required Procedures if a State Exercises its Option to Retain Funds.--If a State appeals a disallowance and wishes to retain the disputed funds during the administrative appeal, it must mail a notice to the HCFA Regional Administrator specifying that it is exercising its option to retain the disputed funds. This notice must be mailed within 30 days of the receipt of the disallowance notice, as established by the certified mail receipt accompanying the notice. The option to retain funds cannot apply to a portion of the appeal but must be exercised for the entire amount in dispute.

If the State appeals and does not notify the HCFA Regional Administrator in writing, within 30 days, that it wishes to retain the disputed funds, HCFA will recover the appropriate disputed funds. HCFA will process a negative grant award within 10 days after the lapse of the 30 day period in which the State may exercise its option.

2502.3 Required State Procedures if a State Wishes to Reverse its Election to Retain Funds.--If, during the course of the appeal before the Board, the State wishes to reverse its election to retain the disputed funds, either to limit a possible interest charge or for any other reason, it may do so without withdrawing its appeal. As in its election to retain funds, the decision to reverse its prior election must apply to the entire amount in dispute.

The State must notify the Regional Administrator, in writing, if it wishes to have HCFA recover the appropriate disputed funds. HCFA will recover the funds if the State reverses its election to retain them by processing a negative grant award within 10 days

of receiving written notice from the State. If the disallowance is subsequently upheld, interest from the date of disallowance to the date HCFA received notice from the State that it no longer wished to retain the disputed funds will be offset by processing a negative grant award within 10 days of HCFA's receipt of the Board's decision.

In the case of the withdrawal of an appeal, in whole or in part, notice to the Board, HCFA's attorney, and the Regional Administrator is required. Interest on funds retained by the State, for which it withdraws its appeal, will be charged from the date of disallowance to the date HCFA receives written notice from the State of its withdrawal. A negative grant award will be processed within 10 days after HCFA receives the State's withdrawal.

2502.4 Interest Charge.--When the Board upholds a disallowance and the State has elected to retain the funds during appeal, interest will be offset on a revised grant award issued after the Board's decision. Since there is no interest charged unless the Board upholds the disallowance, interest cannot be computed before the Board's decision. The interest charge is computed from the date of disallowance to the date the Board reached a decision to uphold the disallowance. If the State withdraws an appeal, in whole or in part, or reverses its election to retain the disputed funds, interest is computed for the length of time and for the amount the State held before (1) withdrawal of an appeal, or (2) reversal of its election to retain funds. In cases where the State and HCFA reach a settlement, prior to a decision by the Board, interest is charged on the agreed unallowable amount from the date of the original disallowance to the date of written agreement between the State and HCFA.

If the State does not exercise its option to retain the disputed funds within 30 days of the disallowance, or reverses its option at some future date, it has no further option to retain the disputed funds.

The interest charge is based on the average of the bond equivalent of the 90-day Treasury Bills auctioned weekly during the period the State retains the funds after the date of disallowance.

2502.5 Limitation.--The interest charge specified by this law does not apply to:

A) A disallowance or portion of a disallowance which covers services furnished before October 1, 1980,

B) Claims for expenditures which were deferred and disallowed within the time limit for reaching a decision on the allowability of a deferral, or

C) Claims for expenditures that have never been paid by HCFA on a grant award because the disallowance notice had been issued before the grant award.

The law gives the State the option to "retain" disputed funds during any administrative appeal of a disallowance. Therefore, it has no option concerning the funds described in limitations number B and C above.

The State's option to retain funds does not apply to the period of any subsequent judicial appeal. However, any interest charged to the State will be returned if, at the end of all judicial appeals, the State's claims are found to be allowable.

Quarterly withholdings under Section 133 of the Tax Equity and Fiscal Responsibility Act of 1982, Public Law 97-248, are not disallowances and, therefore, are not appealable or subject to interest payments.

2504. DEEMING AND WAIVER OF NURSE AIDE TRAINING AND COMPETENCY EVALUATION REQUIREMENTS

The Omnibus Budget Reconciliation Act of 1987 (OBRA 1987) included provisions prohibiting facilities from using as nurse aides any individuals who have not successfully completed a nurse aide training and competency evaluation program or competency evaluation program approved by the State. OBRA 1987 and OBRA 1989 deemed some individuals to meet this requirement and permitted States to waive this requirement for others. All individuals who are deemed to have met the nurse aide training and competency evaluation requirements or for whom you have waived the requirement to complete a competency evaluation program must be included in the nurse aide registry described in §4460.

A nurse aide is deemed to satisfy the requirement of completing a nurse aide training and competency evaluation program if, before July 1, 1989, he or she had completed a nurse aide training and competency evaluation program of at least 60 hours and had made up at least the difference between the number of hours in the program he or she completed and 75 hours in supervised practical nurse aide training or in regular in-service nurse aide education.

A nurse aide is deemed to satisfy the requirement of completing a nurse aide training and competency evaluation program if, before July 1, 1989, the individual was found competent (whether or not by the State) after the completion of nurse aide training of at least 100 hours duration.

You may deem an individual to have completed a nurse aide training and competency evaluation program if the individual completed, before July 1, 1989, a nurse aide training and competency evaluation program that you determine would have met the requirements for approval at the time it was offered.

You may waive the requirement for an individual to complete a nurse aide competency evaluation program for any individual who can demonstrate to your satisfaction that he or she has served as a nurse aide at one or more facilities of the same employer in the State for at least 24 consecutive months before December 19, 1989.

Any individual described above may be used as a nurse aide by a NF if that individual is also competent to perform nursing or nursing related services.

2505. NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAMS AND COMPETENCY EVALUATION PROGRAMS

OBRA 1987 requires States to specify those nurse aide training and competency evaluation programs and those competency evaluation programs they approve. Follow the requirements detailed in §§2505.1 through 2505.3 when reviewing and approving programs and when withdrawing approval from programs. You may choose to offer your own training and competency evaluation programs and/or competency evaluation programs as long as they meet these requirements.

2505.1 Approval of Programs.--If you do not choose to offer a nurse aide training and competency evaluation program or competency evaluation program, you must review and approve or disapprove all nurse aide training and competency evaluation programs and competency evaluation programs upon request. You may approve nurse aide training and competency evaluation programs and competency evaluation programs offered by any entity as long as the requirements for approval are met.

A. Requirements for approval of programs.--Before approving a nurse aide training and competency evaluation program or competency evaluation program,

- o For nurse aide training and competency evaluation programs, determine whether the requirements of §2505.2 are met;
- o For nurse aide competency evaluation programs, determine whether the requirements of §2505.3 are met; and
- o In all reviews other than the initial review, visit the entity providing the program.

B. Timeframes for Review.--Within 90 days of a request to review a program or receipt of additional information from a requester, you must:

- o Advise the requestor whether the program has been approved; or
- o Request additional information.

You may not grant approval of a program for more than 2 years. You must require programs to notify you when there are substantive changes to the program within the 2-year period and review programs to which substantive changes are made.

C. Prohibition of Program Approval.--Do not approve nurse aide training and competency evaluation programs or competency evaluation programs offered by or in a NF if, in the 2 years prior to your review, that NF:

- o Has operated under a waiver under §1919(b)(4)(C)(ii) of the Act that was granted on the basis of a demonstration that the NF was unable to provide nursing care required under §1919(b)(4)(C)(i) of the Act for a period in excess of 48 hours per week;
- o Has been subject to an extended (or partial extended) survey under §1919(g)(2)(B)(i) of the Act;
- o Has been assessed a civil money penalty described in §1919(h)(2)(A)(ii) of the Act of not less than $5,000; or
- o Has been subject to a remedy described in §§1919(h)(1)(B)(i) or 1919(h)(2)(A)(i), (iii), or (iv) of the Act.

Do not (until 2 years since the penalty was assessed has elapsed) approve nurse aide training and competency evaluation programs or competency evaluation programs offered by or in a NF, that, within the 2-year period beginning on October 1, 1988:

- Had its participation terminated under the State plan under title XIX of the Act;
- Was subject to a denial of payment under title XIX of the Act;
- Was assessed a civil money penalty of not less than $5,000 for deficiencies in nursing facility standards;
- Operated under temporary management appointed to oversee the operation of the facility and to ensure the health and safety of its residents; or
- Pursuant to State action, was closed or had its residents transferred.

D. Withdrawal of Approval.--You must withdraw approval from:

- Any nurse aide training and competency evaluation program or competency evaluation program described in subsection C, and
- Any nurse aide training and competency evaluation program or competency evaluation program if the entity offering the program refuses to permit unannounced State visits.

You may withdraw approval of a nurse aide training and competency evaluation program or competency evaluation program if you determine that any of the requirements described in §§2505.2 and 2505.3 are not met by the program. You may also withdraw approval from any program which does not meet any requirements you have in excess of the minimum Federal requirements or which otherwise fails to meet your standards.

When withdrawing approval from a nurse aide training and competency evaluation program or a competency evaluation program,

- Notify the program in writing, indicating the reason or reasons for withdrawal of approval; and
- In the case of a training and competency evaluation program, permit students who have already started the program to finish it.

2505.2 Requirements for Nurse Aide Training and Competency Evaluation Programs.--

A. Hours of Training.--A nurse aide training and competency evaluation program must consist of a minimum of 75 clock hours of training for you to approve it. You may require additional hours of training if you wish.

B. Restrictions on Activities of Students in a Nurse Aide Training and Competency Evaluation Program.--Do not approve a program unless it ensures that:

- Students do not perform any services for which they have not trained and been found proficient by the instructor; and
- Students providing services to residents are under the general supervision of a licensed nurse or a registered nurse.

C. Instructor Qualifications.--The training of nurse aides must be performed by or under the general supervision of a registered professional nurse who possesses a minimum of 2 years of nursing experience, at least 1 year of which must be in the provision of long-term care facility services. Instructors of nurse aides must have completed a course in teaching adults or have experience in teaching adults or supervising nurse aides. In a facility-based program, the training of nurse aides may be performed under the general supervision of the director of nursing, who is prohibited from performing the actual training.

Other individuals may supplement the instructor. The following list contains suggestions of those who might be useful in a nurse aide training and competency evaluation program:

- Registered nurses;
- Licensed practical/vocational nurses;
- Pharmacists;
- Dietitians;
- Social workers;
- Sanitarians;
- Fire safety experts;
- Nursing home administrators;
- Gerontologists;
- Psychologists;
- Physical and occupational therapists;
- Activities specialists;
- Speech/language/hearing therapists; and
- Resident rights experts.

The program may utilize individuals from fields other than those listed as examples if needed to meet the planned program objectives for a specific unit. Supplemental personnel must have a minimum of 1 year of experience in their fields. You may wish to require that these individuals be, where applicable, licensed, registered, and/or certified in their field.

D. Minimum Curriculum Requirements.--The objective of nurse aide training and competency evaluation programs is to enable nurse aides to provide quality services to residents. Therefore, a nurse aide training and competency evaluation program must contain at least these minimum curriculum requirements for you to approve it. You may also specify additional areas to be included if you wish.

Within the minimum 75 hours of training, at least 16 hours must be devoted to supervised practical training. Supervised practical training is defined as training in a laboratory or other setting in which the student demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or a licensed practical nurse. A program must also include at least 16 hours of classroom instruction prior to a trainee's direct involvement with a resident. This instruction must include the following:

- o Communication and interpersonal skills;
- o Infection control;
- o Safety/emergency procedures, including the Heimlich maneuver;
- o Promoting residents' independence; and
- o Respecting residents' rights.

The curriculum must also include training in the following areas:

- o Basic Nursing Skills--
  - - Taking and recording vital signs;
  - - Measuring and recording height and weight;
  - - Caring for the residents' environment;
  - - Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor. Some examples of abnormal changes are:
    - + Shortness of breath;
    - + Rapid respiration;
    - + Fever;
    - + Coughs;
    - + Chills;
    - + Pains in chest;
    - + Blue color to lips;
    - + Pain in abdomen;
    - + Nausea;
    - + Vomiting;
    - + Drowsiness;

+ Excessive thirst;
+ Sweating;
+ Pus;
+ Blood or sediment in urine;
+ Difficulty urinating;
+ Frequent urination in small amounts;
+ Pain or burning on urination; and
+ Urine has dark color or strong odor; and

- Caring for residents when death is imminent.

o Personal Care Skills--

- Bathing;
- Grooming, including mouth care;
- Dressing;
- Toileting;
- Assisting with eating and hydration;
- Proper feeding techniques;
- Skin-care; and
- Transfers, positioning, and turning.

o Mental Health and Social Service Needs--

- Modifying aide's behavior in response to resident's behavior;
- Awareness of developmental tasks associated with the aging process;
- How to respond to resident behavior;
- Allowing residents to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity; and
- Utilizing resident's family as a source of emotional support.

o Care of cognitively impaired residents--

- Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others);
- Communicating with cognitively impaired residents;

- Understanding the behavior of cognitively impaired residents;
- Appropriate responses to the behavior of cognitively impaired residents; and
- Methods of reducing the effects of cognitive impairments.

o Basic Restorative Services. The nurse aide should be able to demonstrate skills which incorporate principles of restorative nursing, including:

- Training the resident in self-care according to the resident's abilities;
- The use of assistive devices in transferring, ambulation, eating, and dressing;
- Maintenance of range of motion;
- Proper turning and positioning both in bed and chair;
- Bowel and bladder training; and
- Care and use of prosthetic and orthotic devices.

o Residents' Rights. The nurse aide should be able to demonstrate behavior which maintains residents' rights, including but not limited to:

- Providing privacy and maintenance of confidentiality;
- Promoting the resident's right to make personal choices to accommodate their needs;
- Giving assistance in resolving grievances and disputes;
- Providing needed assistance in getting to and participating in resident and family groups and other activities;
- Maintaining care and security of resident's personal possessions;
- Providing care which maintains the resident free from abuse, mistreatment, and neglect; and reporting any instances of such treatment to appropriate facility staff; and
- Avoiding the need for restraints in accordance with current professional standards.

E. Competency Evaluation Component.--All nurse aide training and competency evaluation programs must contain competency evaluation procedures that meet the requirments specified in §2505.3.

F. Prohibition of Charges.--No nurse aide who is employed by, or who has an offer of employment from, a facility on the date on which the aide begins a nurse aide training and competency evaluation program may be charged for any portion of the program (including any fees for textbooks or other required course materials). If an individual who is not employed, or does not have an offer to be employed as a nurse aide, becomes employed by, or receives an offer of employment from, a facility not later than 12 months after completing a nurse aide training and competency evaluation program, the State must provide for the reimbursement for costs incurred in completing the program on a pro rata basis during the period in which the individual is employed as a nurse aide.

2505.3 Requirements for Nurse Aide Competency Evaluation Programs.--

A. Notification to Individual.--You must provide advance notice to any individual who takes the competency evaluation that a record of the successful completion of the evaluation will be included in the nurse aide registry.

B. Content of the Competency Evaluation Program.--Competency evaluations must consist of two components: a written or oral examination and a skills demonstration program. The written or oral examination must:

- o Allow aides to choose between a written and an oral examination;
- o Address each item specified in §2505.2.D;
- o Be developed from a pool of test questions, only a portion of which is used in any one examination;
- o Use a system that prevents disclosure of both the test questions and the individual competency evaluations; and
- o If oral, must be read from a prepared text in a neutral manner.

The skills demonstration must consist of a demonstration of randomly selected items drawn from a pool consisting of the tasks generally performed by nurse aides. This pool of skills must include all of the personal care skills listed in §2505.2.D.

C. Administration of the Competency Evaluation Program.--The competency evaluation must be administered and evaluated only by:

- o The State directly; or
- o A State approved entity which is not the NF which provided the training.

No nurse aide who is employed by, or who has an offer of employment from, a facility on the date on which the aide begins a nurse aide competency evaluation program may be charged for any portion of the program. If an individual who is not employed, or does not have an offer to be employed, as a nurse aide becomes employed by, or receives an offer of employment from, a facility not later than 12 months after completing a nurse aide competency evaluation program, the State must provide for the reimbursement of costs incurred in completing the program on a pro rata basis during the period in which the individual is employed as a nurse aide.

The skills demonstration component of the evaluation must be:

- Performed in a facility or laboratory setting similar to the setting in which the individual will function as a nurse aide; and

- Administered and evaluated by a registered nurse with at least 1 year's experience in providing care for the elderly or the chronically ill of any age.

D. Proctoring.--The competency evaluation may, at the nurse aide's option, be conducted at the facility in which the nurse aide is or will be employed unless the facility is described in §2505.1.C:

You may permit the competency evaluation to be proctored by facility personnel if you find that the procedure adopted by the facility assures that the competency evaluation program:

- Is secure from tampering;

- Is standardized and scored by a testing, educational, or other organization approved by the State; and

- Requires no scoring by facility personnel.

You must retract the right to proctor nurse aide competency evaluations from facilities in which you find any evidence of impropriety, including evidence of tampering by facility staff.

E. Successful Completion of the Competency Evaluation Program.--You must establish a standard for successful completion of the competency evaluation. To complete the competency evaluation successfully, an individual must pass both the written or oral examination and the skills demonstration. A record of successful completion of the competency evaluation must be included in the nurse aide registry described in §4460 within 30 days of the date the individual is found to be competent.

F. Unsuccessful Completion of the Competency Evaluation.--If an individual does not complete the evaluation satisfactorily, the individual must be advised:

- Of the areas which he or she did not pass; and

- That he or she has at least three opportunities to take the evaluation.

You may impose a maximum on the number of times an individual may attempt to complete the competency evaluation successfully, but the maximum may be no less than three.

2514. FEDERAL FINANCIAL PARTICIPATION (FFP) FOR NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAMS (NATCEPs) AND COMPETENCY EVALUATION PROGRAMS (CEPs).

A. Statutory Requirements.--OBRAs 1987, 1989 and 1990 set forth specific requirements for training and competency evaluation of nurse aides.

o On or after October 1, 1990, nursing facilities (NFs) must not use on a full time basis any individual as a nurse aide for more than 4 months unless the individual has successfully completed either a NATCEP or a CEP approved by the State. For current employees used as nurse aides prior to January 1, 1990, a NF must provide for a CEP and any preparation necessary for those individuals to complete such a program by October 1, 1990. (See §§1919(b)(5)(A) and (B) of the Act.)

o On or after January 1, 1991, NFs must not use on a temporary, per diem, leased, or on any other basis other than as a permanent employee any individual as a nurse aide unless the individual has successfully completed either a NATCEP or a CEP approved by the State.

o As a condition of approval of your State plan, you were to specify by January 1, 1989 the NATCEPs or CEPs that you approve and that meet Federal requirements. (See §1919(e)(1)(A) of the Act.)

o Section 1903(a)(2)(B) of the Act provides that NF costs incurred in relation to training and competency evaluation of nurse aides, current and future, are considered as State administrative expenses and as such are reimbursed for the period July 1, 1988 through September 30, 1990 at the lesser of:

- 90 percent, or

- Your Federal medical assistance percentage plus 25 percentage points.

State-incurred administrative costs for NATCEPs and CEPs are also reimbursed at the enhanced rate for the same period of time. As of October 1, 1990, the NF costs and State-incurred administrative costs incurred for NATCEPs and CEPs are reimbursed at the normal administrative matching rate of 50 percent.

o Section 6901(b)(5)(B) of OBRA 1989 provides that no expenditures for NATCEPs or CEPs, whether incurred by NFs or the State, are allocated to Medicare before October 1, 1990.

B. FFP for Nursing Facility Costs.--The NF costs for training and competency evaluation of its nurse aides must be identified separately from other NF costs incurred in furnishing services to Medicaid recipients. These costs include any charge for training and/or the cost of the competency evaluation plus necessary textbooks and other required course materials. It could also possibly include the cost of transportation of the aide to the training or testing site if this cost is considered as a necessary expense. When submitted to you for reimbursement, claim these expenditures as State administrative costs on Form HCFA-64.

Prior to October 1, 1990, there is no allocation of these NF costs to private pay patients or Medicare. During the period July 1, 1988 through September 30, 1990, these NF costs are reimbursed as State Medicaid administrative costs at the enhanced rate.

On October 1, 1990 and thereafter, allocation of NF costs for training and competency evaluation of nurse aides must be made to Medicaid, Medicare and private pay patients. The allocation is based on patient days of service.

As of October 1, 1990, continue to claim the allocated Medicaid portion of NF costs as State administrative costs. Reimbursement is at the 50 percent administrative matching rate. (The Medicare requirement in §4201(b) of OBRA 1987, which amends §1861(v)(1)(E) of the Act, provides that the reimbursement rate for Medicare services take into account, based on patient days of services furnished, the NF costs of complying with the nurse aide training and competency evaluation requirements, including the costs of conducting the nurse aide training and/or competency evaluation programs.)

C. FFP for State Administrative Costs.--Section 1903(a)(2)(B) of the Act provides that State administrative expenditures incurred for NATCEPs and CEPs are reimbursed at the 50 percent rate with enhanced funding during the nine quarters beginning July 1, 1988 and ending September 30, 1990. (The enhanced funding provided in OBRA 1987 was incorporated into §1903(a)(2)(B) of the Act and amended by OBRA 1990.)

As of October 1, 1990, claim FFP for the Medicaid portion of the State administrative expenditures for the NATCEPs and CEPs after allocating a portion to Medicare. There is no allocation of State-incurred administrative expenses to private pay patients or other programs except Medicare. Expenditures for your State administrative costs for NATCEPs and CEPs may include:

- o Specifying those NATCEPs and CEPs that you approve as meeting Federal requirements;

- o Deeming individuals to have successfully completed a NATCEP or CEP under the provisions of OBRA 1987 and OBRA 1989; and

- o Determining the competency of individuals who are trained by or in a facility based program.

All of the State-incurred administrative costs for NATCEPs and CEPs that are appropriately allocated to Medicaid are claimed by the State on the Form HCFA-64.

The Medicaid/Medicare allocation of the State-incurred administrative costs is computed using a ratio based on the number of participating facilities certified for each program. Dually participating facilities are split equally between the programs.

D. Interagency Agreements.--OBRAs 1987, 1989 and 1990 set forth your requirements relating to NATCEPs and CEPs. You may want to have some of the required activities performed by the survey agency or other State agency. If you choose to delegate any part of the function to another State agency, protect the authority of the single State agency, as required by 42 CFR 431.10(e), by entering into an interagency agreement with the agency delegated by you to approve NATCEPs. The State plan must specify in comprehensive detail the responsibilities and authority of the agency designated by you. Use 42 CFR 431, Subpart M as a guideline for a written interagency agreement in such cases. The other agency bills the Medicaid agency for necessary costs which are then claimed for reimbursement on the Form HCFA-64 as Medicaid Administration.

E. Training and Competency Evaluation for Non-Employees.--FFP is provided for the training and competency evaluation costs of an individual not employed by a NF if that individual has a commitment from a NF to be employed. Any reasonable documentation (e.g., letter from NF verifying the employment offer) is acceptable proof that the NF intends to employ the individual. In the case of a nurse aide who is employed by (or who has received an offer of employment from) a facility not later than 12 months after completing a State approved training and competency evaluation program or a competency evaluation program, provide for the reimbursement of the costs incurred in completing such program. Prorate reimbursement to the nurse aide over a reasonable period of time during the individual's period of employment. You may select the period of time over which payments are made to the aides.

F. Submitting Claims for FFP.--Submit claims for NF expenditures for the facilities' costs for NATCEPs and CEPs as State administrative expenditures on the Form HCFA-64.

Claim State administrative expenditures for the NATCEPs and CEPs, including any services performed by the survey agency or other State agency as provided for within the written interagency agreement, on the Form HCFA 64.10 or 64.10p.

Continue to claim the survey agency's expenditures for survey and certification duties on Form HCFA-2824.

G. Enhanced Funding for Skilled Professional Medical Personnel (SPMP).-State expenditures for employees who qualify as SPMP may be reimbursed at a 75 percent matching rate under §1903(a)(2)(A) of the Act. If these SPMP are performing NATCEP and CEP activities, those expenditures are matched at the enhanced rate specified in §1903(a)(2)(B) until October 1, 1990. As of that date, the matching rate for SPMP involved with NATCEPs and CEPs reverts to 50 percent under §1903(a)(2)(B) of the Act regardless of their qualification for 75 percent matching under §1903(a)2)(A) of the Act.

H. FFP for Administration of the Nurse Aide Registry.--You are required to establish and maintain a registry of all individuals who have satisfactorily completed a State approved NATCEP or CEP. You must ensure that the names of the individuals who are either deemed to have met the nurse aide training and competency evaluation requirements or are granted waivers from the competency evaluation requirements are placed in the nurse aide registry. You may not impose any charges on a nurse aide relating to the registry. Information to be contained in the registry and availability of such information must be in accordance with requirements set forth in §1919(e)(2)(B) of the Act.

A NF must not use an individual as a nurse aide unless the facility has inquired of any State registry believed to include information concerning the individual.

Allocate a portion of the costs to establish and maintain the registry to Medicare using a ratio based on the number of participating facilities certified for each program.

Section 1903(a)(2)(B) of the Act specifies the matching rate for NATCEPs and CEPs, but it does not apply to expenditures incurred in complying with the nurse aide registry requirements. Those expenditures are reimbursed under §1903(a)(7) of the Act and are matched at the 50 percent rate with no enhancement.

2515. FEDERAL FINANCIAL PARTICIPATION FOR PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) ACTIVITIES

A. Statutory Requirements.--OBRAs of 1987 and 1990 specify PASARR requirements for nursing facilities (NFs) and the States. Some of these requirements are:

1. Medicaid NFs must not admit, on or after January 1, 1989, any new resident who has:

o Mental illness (MI), unless the State mental health authority has determined, based on an independent evaluation performed by a person or entity other than the State mental health authority, prior to admission, that the individual requires the level of services provided by a NF and, if so, whether the individual requires specialized services for MI; or

o Mental retardation (MR), unless the State MR or developmental disability authority has determined prior to admission that the individual requires the level of services provided by a NF, and, if so, whether the individual requires specialized services for MR. (See §1919(b)(3)(F) of the Act.)

A mentally ill individual is redefined under OBRA 1990 as one who has a serious mental illness as defined by the Secretary in consultation with the National Institute of Mental Health and does not have a primary diagnosis of dementia or a diagnosis of dementia and a primary diagnosis that is not a serious mental illness.

2. Approval of your State plan requires that:

o You have in effect, as of January 1, 1989, a preadmission screening (PAS) program for making determinations (using criteria developed by the Secretary) described in §1919(b)(3)(F) of the Act for individuals with MI or MR.

The PAS program need not provide for determinations in the case of the readmission to a NF of an individual who, after being admitted to the NF, was transferred for care in a hospital. An interfacility transfer from one NF to another NF, with or without an intervening hospital stay, is not subject to PAS.

A PAS is not to be performed for an individual admitted to a NF directly from a hospital after receiving acute inpatient care at the hospital, if the individual requires NF services for the condition for which care was received in the hospital, and the attending physician certifies, before admission to the NF, that the individual is likely to require a NF stay of less than 30 days.

o For each NF resident who has MI, the State mental health authority must review and determine (using criteria developed by the Secretary), based on an independent physical and mental examination performed by a person or entity other than the State mental health authority, whether the resident requires:

- The level of services provided by a NF or by an inpatient psychiatric hospital for individuals under age 21 or by an institution for mental diseases for individuals 65 years of age or older, and

- Specialized services for MI. (See §1919(e)(7)(B)(i) of the Act.)

o For each NF resident who has MR, the State MR authority must review and determine (using criteria developed by the Secretary) whether the resident requires:

- The level of services provided by a NF or the level of services of an intermediate care facility for the mentally retarded (ICF/MR), and

- Specialized services for MR. (See §1919(e)(7)(B)(ii) of the Act.)

o You have performed, by April 1, 1990, initial annual resident reviews (ARRs) on all residents with MI or MR who were not subject to PAS (i.e., residents who entered the NF prior to January 1, 1989). (See §1919(e)(7)(B)(iii)(III) of the Act.)

o You have in effect, as of April 1, 1990, an ARR program for reviewing all residents with MI or MR, regardless of whether they were initially screened under the PAS or initial ARR requirements. Conduct such reviews at least annually, or more frequently if there is a change in the resident's condition. (See §1919(e)(7)(B)(iii)(I-II) of the Act.)

3. Reimbursement for PASARR activities:

o Is available at the 75 percent rate for expenditures found necessary by the Secretary for the proper and efficient administration of the State plan which are directly attributable to PAS and ARR activities conducted by you under §1919(e)(7) of the Act. Only direct costs allocable to PASARR are eligible for reimbursement at the enhanced FFP rate. Costs not directly allocable to PASARR are matched at the 50 percent rate. Such costs are usually indirect costs, including Statewide and departmentwide costs.

o Is not available under §1903(a) of the Act for NF services furnished to an individual for whom a PAS or ARR determination is required under §1919(b)(3)(F) or §1919(e)(7)(A) and (B) of the Act but for whom the determination is not made.

o Except as otherwise provided in an approved alternative disposition plan (ADP), is not available under §1903(a) of the Act for NF services furnished to an individual who does not require the level of services provided by a NF (except for long term mentally ill or mentally retarded residents not requiring NF services but needing specialized services who elect to remain in the NF).

B. FFP for PASARR Activities.--Your direct administrative costs for PASARR activities required under §§1919(e)(7)(A) and (B) of the Act are reimbursed at the 75 percent rate of FFP. If you choose to contract with an outside public or private organization to perform your required PASARR activities, FFP at the 75 percent rate is available for the actual §1919(e)(7) activities performed by the outside organization. You may not delegate, by subcontract or otherwise, your PASARR responsibilities to a NF (or to an entity that has a direct or indirect affiliation or relationship with such a facility).

All applicants to and residents of a NF must be screened in some preliminary fashion (Level I) to identify those individuals who appear to have MI or MR. Individuals so identified must be subjected to the PASARR (Level II) process by which the State mental health or mental retardation authority makes the

required determinations about the level of services needed and the need for specialized services. If at any time during the Level II screening it is determined that the individual does not have MR or MI, stop the screening and permit the individual to enter or remain in the NF.

These requirements apply to all individuals (including private pay and Medicare patients, not just Medicaid recipients). Therefore, the 75 percent FFP under Medicaid is available for the direct costs for all your required PASARR activities without regard to the eligibility status of the individual being screened or reviewed. You do not receive any funding from Medicare for PASARR activities related to Medicare beneficiaries.

The responsibility for identifying individuals (through Level I screening) who appear to have MI or MR lies with the NF since it is prohibited from admitting any new resident who has MI or MR unless the State mental health or mental retardation authority has determined that the individual requires a NF level of care. Depending upon the method of entry of new admissions into a NF, the expense of identifying those individuals who are subject to PAS can possibly be incurred by either the NF or a State employee or contractor. Since a large portion of new admissions to NFs come directly from hospitals, you may choose to contract with hospitals to have their discharge planners do the Level I screening and referral to the State authorities for PAS. Referrals to the State of current residents for ARR are normally the responsibility of the NF (as an outcome of the routine resident assessments required under §1919(b)(3) of the Act) unless you choose to do the Level I identifications for ARR yourself in conjunction with performing Level II evaluations.

If you perform the identification screening, it is a PASARR activity and is reimbursed at the 75 percent FFP rate as an administrative cost. If the identification screen is done by the NF, it may be made part of the NF rate and therefore reimbursed as a Medicaid service at the applicable Federal medical assistance percentage. If you contract with third parties such as hospital discharge planners for the identification of individuals who appear to have MI or MR, your reimbursement rate is 75 percent. However, you may not contract with a NF for the Level I screenings and receive 75 percent FFP since the NF has the responsibility to identify and deny admission to those individuals who may have MI or MR.

Your expenditures incurred to evaluate and make the required determinations regarding the level of services and specialized services needs for individuals identified as possibly having MI or MR during either the PAS or ARR are reimbursed at the 75 percent rate. This rate also applies to the independent physical and mental evaluation by a person or entity other than the State mental health authority which is required for individuals with MI. These responsibilities cannot be delegated to NFs or any entity having a direct or indirect affiliation or relationship with a NF.

The enhanced rate of FFP is available for your expenditures for ADPs permitted under §1919(e)(7)(E) of the Act, including an automated tracking system for individuals covered by such a plan (if you wish to use automated tracking for this purpose). Expenditures for making ADP revisions permitted under OBRA 1990 are eligible for the enhanced FFP rate.

Claim your administrative costs for the PASARR activities on the Form HCFA 64, not on the Form HCFA 2824.

In implementing PASARR, you are building on procedures presently in place. Historically, the Medicaid agency has determined whether an individual's physical needs were of such severity as to require NF care and/or whether an individual's family could provide needed care in the home. Examples of activities which continue to be reimbursed at the 50 percent rate are prior authorization activities and determinations regarding individuals with the greatest need when limited beds are available. Only those expenditures made to perform those activities required by §1919(e)(7) of the Act are allowable for 75 percent FFP.

2555. INFORMATION ON TARGET EXPENDITURE LEVELS, REDUCTIONS IN MEDICAID PAYMENTS, AND COMPUTATION OF INCENTIVE REBATES TO STATES

Section 2161 of the Omnibus Budget Reconciliation Act (OBRA) of 1981 provides in part that the Federal payments to which a State is entitled under Medicaid are to be reduced by 3.0 percent of each quarter's payment in fiscal year (FY) 1982, 4.0 percent in FY 1983, and 4.5 percent in FY 1984. However, Congress stipulated that a State will be entitled to a dollar for dollar offset in the reductions to Federal Medicaid payments if total Federal Medicaid funding of the State's program, for each FY 1982 through 1984, falls below a specified target amount. Congress established the target amount for FY 1982 as equal to 109.0 percent of each State's estimate of the amount of Federal funding it would be paid for FY 1981, and stipulated that the State estimates to be used would be the last received by the Secretary before April 1, 1981. For FY 1983 and FY 1984, the target amounts are to be equal to the FY 1982 target amount increased or decreased by the percentage increase or decrease in the index of the medical care expenditure component of the Consumer Price Index (CPI) for all urban consumers (U.S. city average) published by the Bureau of Labor Statistics.

The following tables provide a State by State listing of target expenditure levels for FY 1982, FY 1983, and FY 1984 as well as the FY 1981 estimates upon which the target levels were based. The tables show target level amounts for Medical Assistance Payments (MAP) and Administration (ADM), and the combined targets. The law requires that the incentive rebate computation be based not on a separate MAP or ADM target, but on the total target. The FY 1982 target amounts represent 109.0 percent of the latest Federal share estimates for FY 1981 submitted by the States prior to April 1, 1981, after adjustment by HCFA to exclude Indian Health Service expenditures and claims relating to expenditures before October 1, 1980. The FY 1983 target amounts are equal to 107.5 percent of the FY 1982 targets because the medical care expenditure component of the CPI for all urban consumers increased from 336.0 to 361.2, 7.5 percent, between September 1982 and September 1983. The FY 1984 target amounts are equal to 114.0 percent of the FY 1982 targets because the medical CPI for September 1984 was 383.1, a 14.0 percent increase over the September 1982 index.

In implementing the provisions of OBRA Section 2161, HCFA takes into account the following special considerations:

Payments to States for services provided through Indian Health Service facilities and for funding of Medicaid fraud control units are exempted from the Medicaid reductions and target amount calculations.

Federal payments made in FYs 1982, 1983, and 1984 for State expenditures made in FY 1981 or prior years are not subject to the 3.0, 4.0, and 4.5 percent reductions. However, Federal payments made in FYs 1982, 1983, and 1984 for State FY 1981 expenditures will be included in the calculation of total Federal payments for FYs 1982, 1983, and 1984 in determining the State's eligibility for an incentive rebate.

The steps used by HCFA to calculate the FY 1982 incentive rebates are:

1. Analyze the Form HCFA-64 expenditure reports for each quarter of FY 1982, categorizing the amounts on lines 6 through 11 as pre-FY 1981, FY 1981, or FY 1982 expenditures to identify total unadjusted expenditures by FY. (NOTE: Amounts reported on line 9 are considered current.)

2. Analyze the Form HCFA-64 expenditure reports subsequent to FY 1982 to identify any expenditures for FY 1982.

3. Remove all Indian Health Service expenditures from the FY 1981 and FY 1982 amounts obtained in steps 1 and 2.

4. Remove any net deferrals, suspensions, disallowances, and settlements from the FY 1981 and FY 1982 expenditures. This produces the total adjusted expenditures for FY 1981 and FY 1982.

5. Obtain the FY 1982 expenditures for State Survey and Certification identified by FY.

6. Apply to the FY 1982 expenditures obtained in step 4 the lower of the FY 1981 or FY 1982 Federal Medical Assistance Percentages (FMAP). This procedure is applicable only to MAP amounts as the rates for ADM do not change between FYs.

7. Add the FY 1981 and FY 1982 total adjusted expenditures from step 4 to the expenditures from step 5 and any adjustments from step 6 to determine the total Federal share of expenditures to be compared with the target.

8. Subtract the step 7 results from the target figure; if the expenditures are lower than the target, the State qualifies for an incentive rebate.

9. Add the Section 2161 reductions taken on the State Survey and Certification Grants to the Section 2161 reductions taken on Forms HCFA-152. This produces the total Section 2161 reductions taken in FY 1982.

10. Compare the amount obtained in step 8 with the amount obtained in step 9; the incentive rebate is the lesser of the two amounts.

The steps used by HCFA to calculate the FY 1983 incentive rebates are:

1. Analyze the Form HCFA-64 expenditure reports for each quarter of FY 1983, categorizing the amounts on lines 6 through 11 as pre-FY 1981, FY 1981, FY 1982 or FY 1983 expenditures to identify total unadjusted expenditures by FY. (NOTE: Amounts reported on line 9 are considered current.)

2. Analyze the Form HCFA-64 expenditure reports subsequent to FY 1983 to identify any expenditures for FY 1983.

3. Remove all Indian Health Service expenditures from the FY 1981 and FY 1983 amounts obtained in steps 1 and 2.

4. Remove any net deferrals, suspensions, disallowances, and settlements from the FY 1981 and FY 1983 expenditures. This produces the total adjusted expenditures for FY 1981 and FY 1983.

5. Obtain the FY 1983 expenditures for State Survey and Certification identified by FY.

6. Apply to the FY 1983 expenditures obtained in step 4 the lower of the FY 1981 or FY 1983 Federal Medical Assistance Percentages (FMAP). This procedure is applicable only to MAP amounts as the rates for ADM do not change between FYs.

7. Add the FY 1981 and FY 1983 total adjusted expenditures from step 4 to the expenditures from step 5 and any adjustments from step 6 to determine the total Federal share of expenditures to be compared with the target.

8. Subtract the step 7 results from the target figure; if the expenditures are lower than the target, the State qualifies for an incentive rebate.

9. Add the Section 2161 reductions taken on the State Survey and Certification Grants to the Section 2161 reductions taken on Forms HCFA-152. This produces the total Section 2161 reductions taken in FY 1983.

10. Compare the amount obtained in step 8 with the amount obtained in step 9; the incentive rebate is the lesser of the two amounts.

The steps used by HCFA to calculate the FY 1984 incentive rebates are:

1. Analyze the Form HCFA-64 expenditure reports for each quarter of FY 1984, categorizing the amounts on lines 6 through 11 as pre-FY 1981, FY 1981, FY 1982, FY 1983, or FY 1984 expenditures to identify total unadjusted expenditures by FY. (NOTE: Amounts reported on line 9 are considered current.)

2. Analyze the Form HCFA-64 expenditure reports subsequent to FY 1984 to identify any expenditures for FY 1984.

3. Remove all Indian Health Service expenditures from the FY 1981 and FY 1984 amounts obtained in steps 1 and 2.

4. Remove any net deferrals, suspensions, disallowances, and settlements from the FY 1981 and FY 1984 expenditures. This produces the total adjusted expenditures for FY 1981 and FY 1984.

5. Obtain the FY 1984 expenditures for State Survey and Certification identified by FY.

6. Apply to the FY 1984 expenditures obtained in step 4 the lower of the FY 1981 or FY 1982 Federal Medical Assistance Percentages (FMAP). This procedure is applicable only to MAP amounts as the rates for ADM do not change between FYs.

7. Add the FY 1981 and FY 1984 total adjusted expenditures from step 4 to the expenditures from step 5 and any adjustments from step 6 to determine the total Federal share of expenditures to be compared with the target.

8. Subtract the step 7 results from the target figure; if the expenditures are lower than the target, the State qualifies for an incentive rebate.

9. Add the Section 2161 reductions taken on the State Survey and Certification Grants to the Section 2161 reductions taken on Forms HCFA-152. This produces the total Section 2161 reductions taken in FY 1984.

10. Compare the amount obtained in step 8 with the amount obtained in step 9; the incentive rebate is the lesser of the two amounts.

Target Amounts for Federal Medicaid Expenditures
Fiscal Years 1982 and 1983 Summary
(Dollars in Thousands)

STATE	FY 1982 Target MAP	FY 1982 Target ADM	FY 1982 Total Target Amount	FY 1983 Target MAP	FY 1983 Target ADM	FY 1983 Total Target Amount
Alabama	$ 237,015	$ 8,185	$ 245,200	$ 254,791	$ 8,799	$ 263,590
Alaska	22,734	1,404	24,138	24,439	1,509	25,948
Arkansas	237,419	6,625	244,044	255,225	7,122	262,347
California	2,068,036	149,994	2,218,030	2,223,138	161,244	2,384,382
Colorado	125,227	6,654	131,881	134,619	7,153	141,772
Connecticut	201,553	10,694	212,247	216,670	11,496	228,166
Delaware	31,109	1,619	32,728	33,443	1,740	35,183
Dist. of Columbia	95,708	7,829	103,537	102,886	8,416	111,302
Florida	331,076	19,573	350,649	355,907	21,041	376,948
Georgia	397,054	16,442	413,496	426,833	17,675	444,508
Hawaii	59,466	3,550	63,016	63,926	3,816	67,742
Idaho	42,484	2,543	45,027	45,670	2,734	448,404
Illinois	792,639	32,278	824,917	852,087	34,699	886,786
Indiana	270,935	11,915	282,850	291,255	12,809	304,064
Iowa	159,098	6,587	165,685	171,030	7,081	178,111
Kansas	127,501	6,218	133,719	137,064	6,684	143,748
Kentucky	272,587	12,788	285,375	293,031	13,747	306,778
Louisiana	352,676	13,142	365,818	379,126	14,128	393,254
Maine	119,031	4,505	123,536	127,958	4,843	132,801
Maryland	255,319	12,374	267,693	274,468	13,302	287,770
Massachusetts	665,856	19,872	685,728	715,796	21,362	737,158
Michigan	719,866	52,543	772,409	773,856	56,484	830,340
Minnesota	410,812	16,212	427,024	441,623	17,428	459,051
Mississippi	212,119	8,947	221,066	228,028	9,618	237,646
Missouri	277,964	9,391	287,355	298,812	10,095	308,907
Montana	46,023	3,147	49,170	49,475	3,383	52,858

Target Amounts for Federal Medicaid Expenditures
Fiscal Years 1982 and 1983 Summary
(Dollars in Thousands)

State	FY 1982 Target MAP	FY 1982 Target ADM	FY 1982 Total Target Amount	FY 1983 Target MAP	FY 1983 Target ADM	FY 1983 Total Target Amount
Nebraska	$ 83,516	$ 6,032	$ 89,548	$ 89,780	$ 6,484	$ 96,264
Nevada	30,513	2,176	32,689	32,802	2,339	35,141
New Hampshire	57,917	3,441	61,358	62,261	3,699	65,960
New Jersey	475,009	32,399	507,408	510,635	34,829	545,464
New Mexico	67,890	4,199	72,089	72,982	4,514	77,496
New York	2,699,072	163,633	2,862,705	2,901,503	175,905	3,077,408
North Carolina	357,829	18,420	376,249	384,666	19,802	404,468
North Dakota	39,727	3,036	42,763	42,706	3,264	45,970
Ohio	659,715	28,777	688,492	709,194	30,935	740,129
Oklahoma	230,390	17,854	248,244	247,669	19,193	266,862
Oregon	121,122	13,430	134,552	130,206	14,437	144,643
Pennsylvania	885,199	39,966	925,165	951,589	42,963	994,552
Rhode Island	110,617	3,569	114,186	118,913	3,837	122,750
South Carolina	216,181	8,397	224,578	232,394	9,027	241,421
South Dakota	45,036	2,417	47,453	48,414	2,598	51,012
Tennessee	340,969	12,665	353,634	366,542	13,615	380,157
Texas	755,269	64,572	819,841	811,914	69,415	881,329
Utah	75,494	4,466	79,960	81,156	4,801	85,957
Vermont	55,862	3,150	59,012	60,052	3,386	63,438
Virginia	275,049	11,139	286,188	295,678	11,974	307,652
Washington	223,540	15,731	239,271	240,305	16,911	257,216
West Virginia	92,117	5,754	97,871	99,025	6,186	105,211
Wisconsin	556,370	25,908	582,278	598,098	27,851	625,949
Wyoming	9,374	693	10,067	10,077	745	10,822
TOTAL	$ 16,995,084	$ 936,855	$ 17,931,939	$ 18,269,717	$ 1,007,118	$ 19,276,835

NOTE: See accompanying statements for Target amount computations.

Target Amounts for Federal Medicaid Expenditures
Fiscal Year 1984 Summary
(Dollars in Thousands)

State	FY 1984 Target MAP	FY 1984 Target ADM	FY 1984 Total Target Amount
Alabama	$ 270,197	$ 9,331	$ 279,528
Alaska	25,916	1,601	27,517
Arkansas	270,657	7,553	278,210
California	2,357,561	170,993	2,528,554
Colorado	142,758	7,586	150,344
Connecticut	229,771	12,191	241,962
Delaware	35,464	1,846	37,310
Dist. of Columbia	109,107	8,925	118,032
Florida	377,427	22,313	399,740
Georgia	452,641	18,744	471,385
Hawaii	67,791	4,047	71,838
Idaho	48,432	2,899	51,331
Illinois	903,608	36,797	940,405
Indiana	308,866	13,583	322,449
Iowa	181,372	7,509	188,881
Kansas	145,351	7,089	152,440
Kentucky	310,750	14,578	325,328
Louisiana	402,051	14,982	417,033
Maine	135,695	5,136	140,831
Maryland	291,064	14,106	305,170
Massachusetts	759,076	22,654	781,730
Michigan	820,647	59,899	880,546
Minnesota	468,325	18,482	486,807
Mississippi	241,815	10,200	252,015
Missouri	316,879	10,706	327,585
Montana	52,466	3,588	56,054
Nebraska	95,209	6,876	102,085
Nevada	34,784	2,481	37,265
New Hampshire	66,025	3,923	69,948
New Jersey	541,510	36,935	578,445
New Mexico	77,394	4,787	82,181
New York	3,076,942	186,542	3,263,484
North Carolina	407,925	20,999	428,924
North Dakota	45,289	3,461	48,750
Ohio	752,075	32,806	784,881
Oklahoma	262,644	20,354	282,998
Oregon	138,079	15,310	153,389
Pennsylvania	1,009,127	45,561	1,054,688
Rhode Island	126,103	4,069	130,172
South Carolina	246,446	9,573	256,019
South Dakota	51,341	2,755	54,096

Target Amounts for Federal Medicaid Expenditures
Fiscal Year 1984 Summary
(Dollars in Thousands)

State	FY 1984 Target MAP	FY 1984 Target ADM	FY 1984 Total Target Amount
Tennessee	$ 388,705	$ 14,438	$ 403,143
Texas	861,007	73,612	934,619
Utah	86,063	5,091	91,154
Vermont	63,683	3,591	67,274
Virginia	313,556	12,698	326,254
Washington	254,836	17,933	272,769
West Virginia	105,013	6,560	111,573
Wisconsin	634,262	29,535	663,797
Wyoming	10,686	790	11,476
TOTAL	$19,374,391	$ 1,068,018	$ 20,442,409

Omnibus Budget Reconciliation Act of 1981 Section 2161
Target Computation
Dollars in Thousands - MAP

STATE	FY 1981 Estimate Prior to 4/1/81	FY 1981 IHS Expenditures	Prior Period Claims (See Note 1)	Adjusted FY 1981 Estimate	FY 1982 Target MAP (See Note 2)
Alabama	$ 218,375	$	$ 930	$ 217,445	$ 237,015
Alaska	22,797	1.940		20,857	22,734
Arizona					
Arkansas	218,493		677	217,816	237,419
California	1,897,281			1,897,281	2,068,036
Colorado	114,887			114,887	125,227
Connecticut	184,911			184,911	201,553
Delaware	28,541			28,541	31,109
District of Columbia	87,805			87,805	95,708
Florida	303,739			303,739	331,076
Georgia	364,270			364,270	397,054
Hawaii	54,556			54,556	59,466
Idaho	38,992	16		38,976	42,484
Illinois	727,721		529	727,192	792,639
Indiana	248,720		156	248,564	270,935
Iowa	145,962			145,962	159,098
Kansas	116,973			116,973	127,501
Kentucky	254,501		4,421	250,080	272,587
Louisiana	326,494		2,938	323,556	352,676
Maine	109,203			109,203	119,031
Maryland	234,314		76	234,238	255,319
Massachusetts	610,877			610,877	665,856
Michigan	660,428	1		660,427	719,866
Minnesota	378,789	380	1,517	376,892	410,812
Mississippi	199,213	47	4,561	194,605	212,119
Missouri	255,012			255,012	277,964
Montana	42,910	687		42,223	46,023
Nebraska	76,662	42		76,620	83,516
Nevada	27,993			27,993	30,513
New Hampshire	53,135			53,135	57,917

Omnibus Budget Reconciliation Act of 1981 Section 2161
Target Computation
Dollars in Thousands - MAP

State	FY 1981 Estimate Prior to 4/1/81	FY 1981 IHS Expenditures	Prior Period Claims (See Note 1)	Adjusted FY 1981 Estimate	FY 1982 Target MAP (See Note 2)
New Jersey	$ 435,788	$	$	$ 435,788	$ 475,009
New Mexico	63,082	798		62,284	67,890
New York	2,476,213			2,476,213	2,699,072
North Carolina	330,084	31	1,769	328,284	357,829
North Dakota	36,935	488		36,447	39,727
Ohio	608,021		2,778	605,243	659,715
Oklahoma	211,805	213	225	211,367	230,390
Oregon	111,181	60		111,121	121,122
Pennsylvania	812,109			812,109	885,199
Rhode Island	101,484			101,484	110,617
South Carolina	198,331			198,331	216,181
South Dakota	42,462	1,145		41,317	45,036
Tennessee	312,816			312,816	340,969
Texas	692,908			692,908	755,269
Utah	69,265		4	69,261	75,494
Vermont	51,249			51,249	55,862
Virginia	252,339			252,339	275,049
Washington	205,491	408		205,083	223,540
West Virginia	84,511			84,511	92,117
Wisconsin	511,340		909	510,431	556,370
Wyoming	8,600			8,600	9,374
TOTAL	$ 15,619,568	$ 6,256	$ 21,490	$ 15,591,822	$ 16,995,084

1) Adjustments were made to remove FY 1980 and prior expenditures.

2) The FY 1982 Target is the product of multiplying the Adjusted FY 1981 Estimate by 109 percent.

Omnibus Budget Reconciliation Act of 1981 Section 2161
Target Computation
Dollars in Thousands - ADM

State	FY 1981 Estimate Prior to 4/1/81	FY 1981 IHS Expenditures	Prior Period Claims (See Note 1)	Sub. Adjusted FY 1981 Estimate	State Certification	Adjusted FY 1981 Estimate	FY 1982 Target ADM (See Note 2)
Alabama	$ 7,018	$	$	$ 7,018	$ 491	$ 7,509	$ 8,185
Alaska	1,240			1,240	48	1,288	1,404
Arizona							
Arkansas	5,607			5,607	471	6,078	6,625
California	133,809			133,809	3,800	137,609	149,994
Colorado	5,529			5,529	576	6,105	6,654
Connecticut	9,150			9,150	661	9,811	10,694
Delaware	1,405			1,405	80	1,485	1,619
District of Columbia	7,131			7,131	52	7,183	7,829
Florida	16,921			16,921	1,036	17,957	19,573
Georgia	14,033			14,033	1,051	15,084	16,442
Hawaii	3,173			3,173	84	3,257	3,550
Idaho	2,229			2,229	104	2,333	2,543
Illinois	28,923		442	28,481	1,132	29,613	32,278
Indiana	10,219			10,219	712	10,931	11,915
Iowa	5,182			5,182	861	6,043	6,587
Kansas	5,136			5,136	569	5,705	6,218
Kentucky	11,264			11,264	468	11,732	12,788
Louisiana	11,572			11,572	485	12,057	13,142
Maine	3,752			3,752	381	4,133	4,505
Maryland	11,044			11,044	308	11,352	12,374
Massachusetts	16,710			16,710	1,521	18,231	19,872
Michigan	46,476			46,476	1,729	48,205	52,543
Minnesota	13,523		35	13,488	1,385	14,873	16,212
Mississippi	7,755			7,755	453	8,208	8,947
Missouri	7,790			7,790	826	8,616	9,391
Montana	2,731			2,731	156	2,887	3,147
Nebraska	5,110			5,110	424	5,534	6,032
Nevada	1,922			1,922	75	1,997	2,176
New Hampshire	2,955			2,955	202	3,157	3,441

Omnibus Budget Reconciliation Act of 1981 Section 2161
Target Computation
Dollars in Thousands - ADM

State	FY 1981 Estimate Prior to 4/1/81	FY 1981 IHS Expenditures	Prior Period Claims (See Note 1)	Sub. Adjusted FY 1981 Estimate	State Certification	Adjusted FY 1981 Estimate	FY 1982 Target ADM (See Note 2)
New Jersey	$ 29,249	$	$	$ 29,249	$ 475	$ 29,724	$ 32,399
New Mexico	3,685	27		3,658	194	3,852	4,199
New York	148,212			148,212	1,910	150,122	163,633
North Carolina	16,198			16,198	701	16,899	18,420
North Dakota	2,656		5	2,651	134	2,785	3,036
Ohio	24,910		61	24,849	1,552	26,401	28,777
Oklahoma	15,836			15,836	544	16,380	17,854
Oregon	11,815			11,815	506	12,321	13,430
Pennsylvania	34,980			34,980	1,686	36,666	39,966
Rhode Island	2,978			2,978	296	3,274	3,569
South Carolina	7,330			7,330	374	7,704	8,397
South Dakota	1,853			1,853	365	2,218	2,417
Tennessee	10,819			10,819	800	11,619	12,665
Texas	55,446			55,446	3,794	59,240	64,572
Utah	3,861			3,861	236	4,097	4,466
Vermont	2,732			2,732	158	2,890	3,150
Virginia	10,037			10,037	182	10,219	11,139
Washington	13,832			13,832	600	14,432	15,731
West Virginia	5,154			5,154	125	5,279	5,754
Wisconsin	20,874			20,874	2,895	23,769	25,908
Wyoming	518			518	118	636	636
TOTAL	$ 822,284	$ 27	$ 543	$ 821,714	$ 37,786	$ 859,500	$ 936,855

1) Adjustments were made to remove FY 1980 and prior expenditures.

2) The FY 1982 Target is the product of multiplying the Adjusted FY 1981 Estimate by 109 percent.

Rev. 38